

## AUSTRALASIAN THERAPEUTIC COMMUNITY (TC) ESSENTIAL ELEMENT (ATCEEs)

*Formally known as the Modified Essential Elements Questionnaire (MEEQ)*

### TC Ethos - Nature of substance abuse and recovery

1. Substance abuse is a complex condition combining social, psychological, behavioural and physiological dimensions.
2. Substance abuse is a symptom of underlying social, psychological or behavioural issues which need to be addressed if recovery is to occur.
3. Recovery from drug addiction requires establishment or renewal of personal values, such as honesty, self-reliance, and responsibility to self and others.
4. Recovery from drug addiction involves learning or re-establishing the behavioural skills, attitudes and values associated with community living.
5. Recovery from drug addiction involves personal development and lifestyle change consistent with shared community values.
6. The recovery process of the TC encourages a life-long commitment to personal development.

### TC Ethos - Broad concept of TC approach

7. Therapeutic communities focus on the social, psychological and behavioural dimensions that precede and arise from substance abuse.
8. Therapeutic communities provide a safe, supportive environment for residents to experience and respond to emotions and gain understanding of issues relating to their drug use.
9. Therapeutic communities provide a combination of therapeutic involvements between residents and staff and among residents (especially senior and junior residents) and living in a caring and challenging community as the principal mediums to encourage change and personal development.
10. Treatment is multidimensional involving therapy, education, values and skills development.
11. Patterns of drug use can be used to indicate underlying issues but are not the primary focus of treatment.
12. Discussions and interactions between residents outside of structured program activities are an important component of therapy.
13. The self-contained nature of TCs, with residents performing routine chores such as cooking and cleaning, is important in encouraging residents to become self-sufficient and responsible for themselves and others.

## **TC Ethos - Dimensions of socialisation**

14. Encouraging a sense of participation in and belonging to the community is critical to the effectiveness of the TC approach.
15. Living skills to support recovery develop from commitment to the values shared by the TC community.
16. Work is used to enhance the sense of community, to build self-esteem and social responsibility, and to develop communication, organisational and interpersonal skills.
17. The TC approach involves supporting and acting responsibly towards other individuals and the community.
18. The TC approach supports the development of individual responsibility for actions and their consequences.

## **TC Ethos - Psychological/behavioural dimensions**

19. Program fosters the development of supportive relationships between residents to facilitate individual change.
20. Peer support and constructive feedback are integral to addressing negative behaviour and attitudes and affirming positive achievements of residents.
21. Treatment involves learning and becoming committed to shared community values, including respect for self and others, honesty, willingness to attempt personal growth, and responsibility to self and others.

## **Aspects of program delivery- Ensuring a safe environment**

22. Program involves abstinence from alcohol and other psychoactive drugs (unless authorised).
23. There are cardinal rules which if violated, can lead to termination from program (ie. no drug use, no violence, no stealing, no sexual relations with other residents).
24. There are clear procedures for responding to breaches of community values, with differing levels of response to reflect the specific circumstances.
25. Contact outside the TC is monitored or supervised, and restricted, particularly in the early stages of treatment.
26. Program includes regular drug screening, including where there are grounds for suspecting possible drug use.

## **Aspects of program delivery - Encouraging community spirit and a sense of belonging**

27. Meetings are scheduled to occur frequently to provide information on arrangements, matters of functional routine, and special events.
28. Meetings are convened within the community as needed to address significant issues affecting the community, particularly those with a potentially negative impact.
29. In general decision-making processes are consultative, with staff as objective facilitators and the final decision-maker only where necessary.
30. Residents take responsibility for orienting, guiding and supporting new residents.
31. Residents conduct important peer management functions such as preparing work rosters, organising and running house meetings.
32. Residents participate in program rituals and traditions, such as major festivals, birthdays and recovery milestones, particularly graduation.
33. Leisure activities, such as organised sport, are encouraged for physical fitness, developing the sense of community and team work, and to reinforce to residents that it is possible to have fun without drugs.

### **Aspects of program delivery - Program structure**

34. Residential TC treatment is of medium to long duration, with actual length varied according to individual requirements.
35. Residential TC treatment provides a mix of group and one to one counselling based on individual need.
36. Residential TC treatment includes some use of formal instruction methods to present interpersonal skills and recovery oriented concepts.
37. Residential TC treatment provides information and the opportunity for residents to discuss the prevention and control of health issues of particular relevance to drug users.
38. Residential TC treatment has distinct stages generally reflecting a focus on assessment/orientation, treatment, extended treatment or transition, and re-entry, respectively.
39. There is an initial period in which new clients are assigned to senior residents or staff for introduction to the program and initial support.
40. In general by the end of assessment/orientation, residents are aware of the rules and procedures of the TC, are feeling comfortable as a member of the TC, and have committed themselves to the treatment program.
41. In general by the end of the main treatment stage, residents have gained some understanding of the issues underlying their drug use, are able to emotionally support other residents, and are not behaving in an anti-social manner.
42. In general the re-entry stage provides increased contact with the wider community, gives residents increased independence, and focuses on preparing residents to cope with the outside world, including developing supportive friendship networks and, where appropriate, re-establishing communication with their immediate families.
43. Decisions on progression to the next stage of treatment or discharge from the TC involve community consultation but staff retain ultimate responsibility.
44. The preparation for re-entry involves greater flexibility in the resident's personal program and increased attention to relapse prevention, drawing together the skills, insight and behavioural change gained through treatment, to support maintenance of lifestyle change outside the TC in a self-reliant manner.

### **Aspects of program delivery - Encouraging behavioural change**

45. Program uses groups to provide encouragement to change behaviour and attitudes.
46. Residents are encouraged to attempt behaviours and activities, even if they doubt their abilities or the reason for the behaviours and activities, as a means of developing a more positive attitude through learning by doing.
47. Residents are encouraged to experience and appropriately express their emotions.
48. Treatment encompasses developing a variety of approaches that help avoid the use of drugs, including recreational activities and relapse prevention methods.
49. Sanctions issued in response to breaches of community standards, guidelines and values aim to provide a learning experience, give the opportunity for behaviour to be adjusted, and give clear warning of further consequences for behaviour that continues to be unacceptable.
50. The presence in the TC of staff and volunteers with a history of addiction and recovery is encouraged to provide residents with role models.
51. Residents are expected to develop capacity to be a positive role model as they progress through the program.

### **Aspects of program delivery - Treatment planning**

52. Individual assessments are undertaken, including background issues, drug use history, physical and mental health, either prior to or on entry to the TC.
53. There is a written, agreed upon and periodically updated treatment plan for each resident.
54. Treatment plans identify goals for each stage, and achievement of these goals is assessed when considering applications to move between stages.
55. Program includes a process of setting individual goals that provides positive affirmation of strengths and capabilities but also acknowledges boundaries to what is achievable.
56. Planning during the re-entry stage includes establishing links with appropriate aftercare services and support networks.
57. Residents who leave without completing the program are assisted with alternative treatment arrangements.

### **Aspects of program delivery - Treatment components**

58. Program includes opportunities for residents to discuss progress, emotions and experiences in a safe, supportive environment.
59. Program emphasises listening, speaking and communication skills.
60. Program supports the development of personal decision-making skills.
61. Program identifies and subsequently addresses family issues, with family members and significant others being engaged in a positive way, where possible.
62. Residents learn conflict resolution skills through discussion of principles in group sessions and the practical experience of grievance and mediation procedures within the TC.
63. Residents facilitate some group therapy or educational sessions with the support of staff.
64. Residents perform different tasks and acquire increasing responsibility and privileges as they progress through the program, with consideration to individual circumstance.
65. Selection of job functions takes into account residents' capacity, developmental and vocational needs and the demands of their individual treatment plan.
66. Support is given to residents who wish to seek education or training as part of their treatment program, and all residents are encouraged to develop a vocational plan, particularly in the latter stages of treatment.

### **Aspects of program delivery - Staffing dimensions**

67. Through active participation in all aspects of the community, staff ensure the safe environment and positive functioning of the TC is developed and maintained, encourage resident participation and interaction, and provide appropriate therapeutic interventions.
68. Staff may involve themselves in activities such as recreation, meal preparation, dining and chores, on an equal footing with residents, as a means of emphasising their membership of the community and their participation as role models.
69. Interactions between residents and staff in an informal context during daily activities help establish a relationship that facilitates therapeutic interactions.
70. Staff serve as role models for shared community values.
71. Staff offer personal experience as part of the therapeutic interaction.

## **Quality Assurance**

72. Access to health care is a routine part of the program.
73. There are documented policies on aspects relevant to quality assurance, such as occupational health and safety, equal employment opportunity, sexual harassment, confidentiality of residents' records, staff training and qualifications etc.
74. There are written, agreed upon and well known procedures for management of residents' affairs, such as admission and discharge, management of residents' finances, arrangements for outings and visitors, complaints and appeals procedures.
75. Residents are given a document clearly identifying their rights, and have these rights explained to them on entry to the TC.
76. The right of residents to control the extent of disclosure in group settings of sensitive personal information that is relevant to treatment is respected.
77. Residents are informed of the consequences of breaches of rules and guidelines, and reasons for decisions.
78. Specific processes are available and clearly explained for appeals of decisions and resolution of conflicts.
79. Residences are inspected at least weekly for cleanliness and completion of tasks, with occasional additional inspections if needed to respond to issues such as theft or suspected drug use.